

Psychological Challenges and Coping Strategies among Caregivers of Children with Disability (Divyang Children): A Systematic Review Analysis

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ABSTRACT

Background: Children with Disabilities, referred to as ‘Divyang’ in India constitute a significant section of the population that requires continuous caregiving and support. The process of caring for children with disabilities is a long and exhausting process, which exposes caregivers to a high level of psychological distress. Previous literatures on caregivers concentrated mostly on the burden of caring. Hence, there is an emerging need to integrate literature concerning psychological challenges and coping mechanisms employed by caregivers, which play a critical role in enhancing their resilience and psychological well-being. **Objectives:** The present review aims to (i) examine psychological challenges experienced by the caregivers of children with disabilities, and (ii) identify coping strategies employed by the caregivers to manage those challenges. **Methodology:** The systematic literature review was used as the study design, and multiple sources including Google Scholar, CrossRef, PubMed, NCBI, ResearchGate, and SpringerLink were employed in this study. Literatures concerning psychological challenges and coping strategies among caregivers of children with disabilities were screened according to the inclusion and exclusion criteria of the study and synthesized thematically. **Results:** A total of 53 studies that met the inclusion criteria were included in the review analysis. Findings indicated that caregivers experience significant psychological challenges while employing various coping strategies to deal with those demands. The study highlights the significance of targeted psychosocial interventions that may enhance long-term wellbeing among the caregivers.

Keywords: *Divyang Children, Caregiver, Psychological Challenge, Coping Strategy*

Children with Disabilities (CWD) is a heterogeneous and significant population worldwide, covering a wide range of disability categories, from intellectual and physical disability to developmental and sensory disability, as well as psychosocial disability. In India, children with disabilities are often referred to as “*Divyang children*.”

The Government of India in 2015, introduced the term “*Divyang*” as a more respectful and positive alternative to terms such as “disabled” or “viklang.” ‘Divyang’ comes from the

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Sanskrit words “*divya*” (divine) and “*ang*” (part/body), which emphasizes on the individual’s abilities rather than limitations. In the context of children with disabilities, the use of the term aims to promote dignity, inclusion, and social acceptance.

United Nations (2006) defined a disabled child as a child having chronic physical, sensory, mental or intellectual impairments that may act as an obstacle in their effective participation in the society. The World Health Organization (WHO) defines disability as the interaction of health conditions and contextual factors that may impact functioning. Thus, disability is not just a medical condition but a function of the interplay between the medical condition and contextual factors (WHO, 2001). Disabilities may interfere with the daily functioning of the child including their mobility, communication, learning, and social relationships. The disability not only affects the child but extends beyond and affects the entire family system in terms of psychological, social, and economic outcomes (Raina et al., 2005). It may further be compounded by the lack of resources and the role of the family in the caregiving process. The caregiver is the person who provides support and assistance to a child who is not capable of performing the activities of daily living independently (Schulz & Eden, 2016). It may be a formal caregiver in a healthcare setting or an informal caregiver in the community, mostly the family members of the child with disability (Schulz & Eden, 2016). In the Indian context, the mother is the primary caregiver of all children including the disabled ones (Gupta & Singhal, 2004).

The caregiving experience has been well explained using the Stress Process Model which denotes caregiving as a dynamic process affected by both primary and secondary stressors and mediated by coping resources and social support (Pearlin et al., 1990). Studies using this framework have provided evidence that caregivers of children with disabilities experience high levels of psychological distress in terms of stress, anxiety, and depression, coupled with difficulties in managing economic burden and social constraints (Raina et al., 2005; Song & Singer, 2006). These difficulties are likely to be further exacerbated by issues such as stigma, lack of institutional support, and inequalities in access to healthcare and educational facilities (Gupta & Singhal, 2004). These factors affect the quality of parental care and the overall stability of the home environment. Disability, as Dobson et al. (2001) state, is not just a challenge for the individual, but for the whole family. It significantly alters the experiences of all the members of the family, including siblings and other relatives. These may have a positive effect on the cohesion of the family, but may also affect the parent emotionally, thereby impacting on siblings and potentially leading to a strained relationship between couples.

Caregiving is associated not only with psychological challenges but also with challenges to physical health such as fatigue, sleep disturbances and somatic complaints which can affect caregivers’ overall quality of life (Schulz & Sherwood, 2008). Moreover, caregivers’ well-being is also seen to be directly related to caregiving quality. Compromised caregivers’ well-being is likely to compromise children’s developmental and psychosocial outcomes in disability (Raina et al., 2005).

Recent research on caregiving has shifted from the stress-based approach to the strength-based approach that emphasizes on the adaptive functioning of the caregivers. The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) is a robust approach in the study of the cognitive appraisal of the caregiving demands and the coping responses of the caregivers. The model suggests that the experience of stress is not just due to the

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demands placed upon the caregivers but is a function of the appraisal of the demands and their perceived coping abilities. The caregivers exhibit a range of coping responses, including problem-focused coping, emotion-focused coping, and meaning-making, which cumulatively contribute to their resilience (Raina et al., 2005; Song & Singer, 2006). The role of protective factors like social support, optimism, and family cohesion has been noted as significant in the adaptive functioning of the caregivers (Gupta & Singhal, 2004).

Although a large body of literatures exist on caregiving burden, it is mostly focused on the difficulties of the caregiving process; while overlooking the adaptive or coping strategies they employ to deal with their stress. Therefore, the present article is an attempt to synthesize both the psychological challenges and coping strategies of the caregivers. The article has adopted a broad approach by including studies involving caregivers of children with various types of disabilities rather than restricting the review analysis to a single disability condition. Thus, an effort has been made to obtain a comprehensive understanding of the common psychological challenges experienced by the caregivers and their adaptive mechanisms across disability groups.

Objectives

The objectives of this article are two-fold. First, it explores the psychological challenges commonly experienced by the caregivers of children with disabilities. Second, it identifies the coping strategies that are employed by the caregivers to promote resilience and overall well-being.

METHODOLOGY

This article employs a systematic literature review of secondary data sources and related studies to synthesize empirical research on caregivers' psychological challenges and their coping techniques. Relevant studies were identified through various academic databases such as Google Scholar, CrossRef, PubMed, NCBI, ResearchGate, and SpringerLink. The following keywords were used during the search: Divyang children, children with disability, caregivers' stress, psychological challenge, coping strategy etc. Boolean operators (AND, OR) were used to refine search results. The following inclusion and exclusion criteria were utilised for selection of the relevant studies:

Table 1: Inclusion and Exclusion Criteria

Criteria	Inclusion Criteria	Exclusion Criteria
Population	Studies focusing on parents or primary caregivers of children with disabilities.	Studies focusing on caregivers of adults with disabilities, professional caregivers, or healthcare workers.
Publication type	Published scholarly journals and articles	Book chapters, conference abstracts, unpublished research papers.
Publication period	Studies published between 1995-2025 (30 years)	Studies published before 1995
Language	Studies published in English	Studies published in languages other than English.
Accessibility	Studies with full-text articles available online.	Studies where full text is unavailable or inaccessible.
Age range of children	Studies focusing on caregivers of children aged 0-18 years with disabilities.	Studies focusing exclusively on adult individuals with disabilities or unspecified age groups.

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Finally, PRISMA model was followed for screening and final inclusion of the studies (Figure 1). A total of 1,057 records were initially identified through various search engine. After removing 437 duplicate records, 620 articles remained for screening. Following title, abstract, and keyword screening, 358 records were excluded, and 262 reports were sought for retrieval. Of these, 34 reports could not be retrieved, resulting in 228 studies assessed for eligibility. After full-text assessment, 175 studies were excluded based on exclusion criteria, and finally, 53 studies were included in the review analysis.

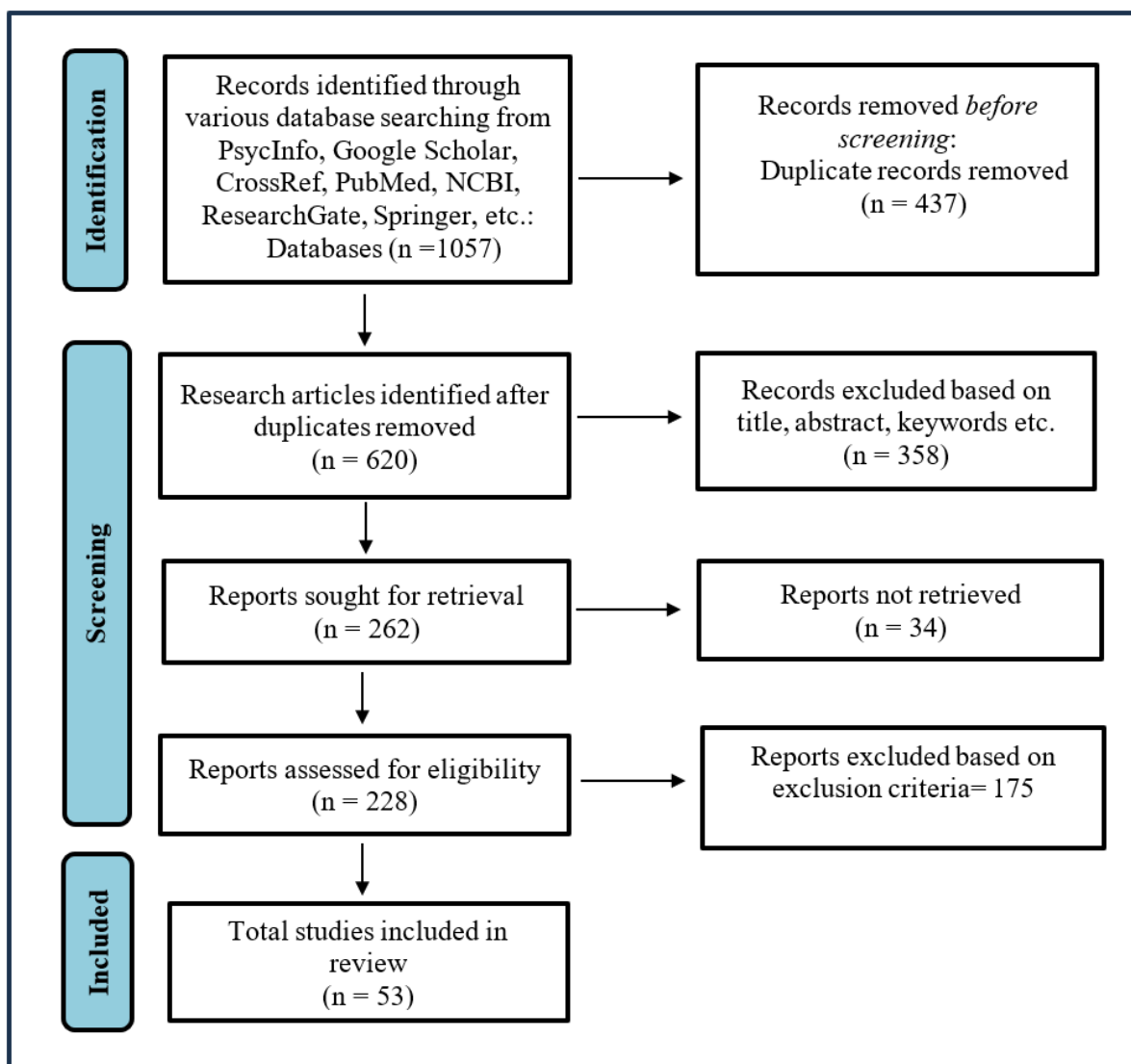


Figure 1: PRISMA diagram of the systematic literature review process

DISCUSSION

This article synthesized several papers concerning the psychological challenges faced by the caregivers of children with disabilities and their coping strategies. A total of 53 literatures that met the present study's criteria were included in the final analysis. Based on the review of these literatures, the findings are organized into two broad sections: first, an examination of the psychological challenges experienced by the caregivers, and second, an exploration of their coping strategies adopted in response to these challenges.

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Table 2: Studies Reviewed for Exploring Psychological Challenges and Coping Strategies of the Caregivers

Parameter	Frequency (No. of Studies)	Percentage
A. Psychological Challenges Faced by the Caregivers	33	61.1%
B. Coping Strategies Adopted by the Caregivers	21	38.9%

* Note: The total frequency is showing 54, as one study was found to be related to both the themes.

Table 2 presents the frequency and percentage distribution of the two major themes identified across the reviewed studies. Out of the total 53 studies identified in the review, 33 studies (61.1%) were related to psychological challenges faced by the caregivers, whereas 21 studies (38.9%) focused on caregivers' coping strategies. One study was found to be related to both the themes. The table reflects the justification of understanding coping mechanisms of the caregivers, as there exist fewer studies in it, in comparison to psychological challenges faced by them.

Table 3: Psychological Challenges Faced by the Caregivers

Psychological Challenges Faced by the Caregivers	Frequency (No. of Studies)	Percentage
Emotional Distress	11	27.5%
Anxiety	7	17.5%
Depression	6	15%
Guilt, Shame and Stigma	5	12.5
Trauma and Post-Traumatic Stress Responses	4	10%
Role Strain and Multiple Responsibility	4	10%
Burnout	3	7.5%

Table 3 highlights the nature of psychological challenges faced by the caregivers of the Divyang children as mentioned in the included studies. Emotional distress emerged as the most frequently reported challenge (27.5%), followed by anxiety (17.5%), depression (15%), guilt, shame, and stigma (12.5%), trauma-related responses (10%), role strain and multiple responsibility (10%) and burnout (7.5%). These findings indicate that long-term caregiving responsibilities are often associated with caregivers' experience of multiple overlapping psychological difficulties. It is to be noted that some studies discuss multiple psychological challenges, hence, the total frequency of studies in the table exceeds the total number of studies included in present review analysis.

Table 4: Pattern of Coping Strategies among the Caregivers

Coping Strategies	Frequency (No. of Studies)	Percentage
Problem-Focused and Active Coping	7	23.3%
Interpersonal Coping	5	16.7%
Religious, Spiritual, and Culturally Embedded Coping	5	16.7%
Self-Care and Adaptive Emotion-Focused Coping	5	16.7%
Cognitive Reframing, Acceptance, and Meaning-Focused Coping	4	13.3%
Family-Level Adaptation and Role Reorganization	4	13.3%

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Table 4 presents the coping strategies used by the caregivers of children with disabilities. Problem-focused and active coping strategies emerged as the most frequently reported coping mechanism (23.3%), followed by interpersonal coping (16.7%), religious, spiritual, and culturally embedded coping strategies (16.7%), self-care and adaptive emotion-focused coping strategies (16.7%), cognitive reframing and meaning-focused coping (13.3%), and family-level adaptation and role reorganization (13.3%). The findings indicate that caregivers employ diverse coping mechanisms to manage the long-term demands of caregiving. It is important to note that some studies discussed multiple coping strategies simultaneously; therefore, the total number of studies in the table exceed the total number of included studies in the present review analysis.

A. Psychological Challenges Faced by the Caregivers

Caregiving of disabled children is a complex phenomenon associated with multiple, interrelated psychological outcomes. Key challenges identified in the literatures include emotional distress; anxiety; depression; guilt, shame and stigma; trauma-related responses; role strain and multiple responsibility and burnout. Importantly, these challenges do not occur in isolation but reflect a broader pattern of cumulative psychological strain shaped by continuous caregiving demands, sociocultural expectations, and structural constraints. The following section discusses these challenges in detail.

- **Emotional Distress:** Caregiving has been found to be an emotionally demanding experience marked by consistent supervision, medical care responsibilities, and administrative burdens (Pinquart, 2018; Vadivelan et al., 2020). The emotional impact of a child's diagnosis on their caregiver gradually develops into long-term adjustment difficulties and persistent emotional strain (Ntinda et al., 2015, 2018; Sen & Yurtsever, 2007; Shahali et al., 2024) which may further lead to adverse physical health outcomes among them (Masulani-Mwale et al., 2018; Miodrag et al., 2015). The concerns regarding the child's future, social stigma, and limited support systems often intensify caregivers' stress, in turn, contributing to their psychological burden (Mbugua et al., 2011; Shobana & Saravanan, 2014). Mothers have been found to report higher levels of emotional distress compared to fathers (Gilson et al., 2018).
- **Anxiety:** Anxiety, although often co-occurring with depression, represents a future-oriented form of distress characterized by uncertainty, heightened vigilance, and a perceived lack of control. Among caregivers of children with disabilities, anxiety commonly arises from concerns regarding the child's developmental trajectory, treatment outcomes, long-term dependency, and future wellbeing (Scherer et al., 2019; Schnabel et al., 2020; Vadivelan et al., 2020). One of the main sources of caregivers' anxiety is uncertainty about the child's future care and support, particularly regarding who will assume caregiving responsibilities when parents will no longer be able to provide care. "Worry about the future" was identified as a significant aspect of caregivers' burden, with parents expressing concerns about the child's long-term security, dependency, and quality of life (Heller & Kramer, 2009; Murphy et al., 2007). Parents often report uncertainty regarding their child's future independence, long-term care, and life outcomes which in turn makes future planning very stressful (Woodgate et al., 2008) Structural challenges such as stigma, inadequate services, and difficulties navigating healthcare systems further intensify these worries (Kumari et al., 2025).
- **Depression:** While emotional distress reflects primary emotional reaction to caregiving stress, depression represents a more persistent and internalized

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psychological condition. Caregivers consistently report higher levels of depressive symptoms compared to non-caregiving populations (Hayes & Watson, 2013; Scherer et al., 2019; Schnabel et al., 2020). Depression appears to emerge in response to the cumulative effects of caregiving stress, along with social isolation, economic difficulties, and self-critical perceptions such as guilt and perceived inadequacy (Vadivelan et al., 2020). This supports the view that depression in caregivers is not a singular outcome but a long-term result of constant psychosocial pressure on caregivers (Pinquart & Sörensen, 2003). Specifically, the issue of depression in the Indian population becomes even more acute due to the caregiver role being assigned to women and limited institutional support, particularly affecting mothers (Kumari et al., 2025).

- **Guilt, Shame, and Stigma:** Guilt and shame are identified as important internal experiences, often linked to self-blame and perceived inadequacy (Findler et al., 2016; Marcinechová et al., 2024; Tilahun et al., 2016; Vadivelan et al., 2020). In an ASD-specific quantitative study, guilt and shame were empirically linked to parental stress, and shame seems to be highly relevant when the child's behaviour is socially misunderstood (Marcinechová et al., 2024). These feelings are socially constructed and sustained through cultural norms and social judgment. On a social level, stigma contributes to social isolation and impacts help-seeking behaviour, further exacerbating psychological distress (Cheng & Lai, 2023; Tilahun et al., 2016).
- **Trauma and Post-Traumatic Stress Responses:** Based on the reviewed studies, it is evident that there is considerable amount of distress experienced by caregivers because of trauma. This applies especially in cases where caregivers have had several episodes of medical emergencies, behavioral outbursts, aggression, self-harm, or prolonged caregiving. Parents of children with autism frequently experience elevated psychological distress and high levels of parenting stress following diagnosis (Phetrasuwan & Miles, 2009). In another study, 52% of mothers of intellectually disabled children showed at least moderate levels of post-traumatic stress symptoms (Kiefl et al., 2019). The continuous exposure of caregivers to violent outbursts, self-harm, suicidal behaviours, and physical aggression from the children led to chronic fear, hypervigilance, and emotional exhaustion among caregivers (Schnabel et al., 2020). Additionally, higher demands placed on caregivers and poor social support systems have been shown to cause PTSD in caregivers with children having neurodevelopmental disorders (Walker et al., 2025).
- **Role Strain and Multiple Responsibility:** Caregiving significantly reshapes personal identity and role functioning. Caregivers often need to play multiple roles both in the family as well as in the society (Sakwape et al., 2023). This is often accompanied by disruptions in employment, social participation, and personal aspirations (Brehaut et al., 2004; Goudie et al., 2014). In collectivistic contexts, caregiving is often framed as a moral responsibility, which further intensify their strain (McConkey et al., 2008).
- **Burnout:** Burnout can be considered as an advanced stage of prolonged stress exposure, particularly in low-resource settings where formal support is limited. Caregivers' burnout reflects a state of chronic exhaustion and reduced efficacy that may happen when they need to provide caregiving services consistently without any available resources (Mikolajczak & Roskam, 2018; Roskam et al., 2018). The experience of burnout may vary across disability types, with relatively lower levels reported by the mothers of autistic children compared to intellectually disabled, indicating possible adaptive adjustment over time (Sadziak et al., 2019).

B. Coping Strategies Adopted by the Caregivers

Coping strategies have been identified as an important mechanism that help caregivers to adjust with the difficulties and stresses of raising a child with disability, thus, affecting their overall mental health and well-being (Smith et al., 2008). This paper identifies various ways through which caregivers adapt and cope with the challenges they face.

- ***Problem-Focused and Active Coping Strategies:*** Caregivers frequently engage in problem-focused coping strategies such as planning, problem solving, gathering information, and advocacy to manage caregiving demands. Planful problem solving, seeking professional support, and structured caregiving routines are associated with lower depressive symptoms and psychological adjustment (Glidden & Natcher, 2009; Matthews et al., 2021) as well as increased resilience and improved caregiving outcomes (Rajan & Romate, 2022). Furthermore, caregivers with greater self-efficacy were found to use active coping and planning strategies more frequently than those with lower self-efficacy (Kurowska et al., 2021; Powell et al., 2018). Family-level problem solving includes understanding the stressor and coming up with alternative solutions to the problem. Caregivers engage in long-term resolution through planning for their child's educational, social, and vocational future (Lustig, 2002). Coping mechanisms like problem solving and self-regulation techniques along with daydreaming or imagining a better situation, and attributing the cause of the problem to their own actions are mostly found among the fathers (Heaman, 1995).
- ***Interpersonal Coping:*** Caregivers are better able to cope with adverse circumstances when they have support from spouses, peers, extended family members and professionals (Palacio et al., 2019). Caregiver support groups often allow caregivers to share and validate their experiences, and learn new positive coping mechanisms (Matthews et al., 2021). Those with strong social support networks show better adaptation to caregiving stress (Shahrier et al., 2016). Receiving emotional and institutional support including inclusive or special schooling is often linked with increased competency in caregiving, greater resilience, and reduced caregiver's stress and anxiety (Namasaba et al., 2022; Namasaba et al., 2021).
- ***Religious, Spiritual, and Culturally Embedded Coping:*** Another coping strategy that has been identified is religious and spiritual coping. Highly prevalent among caregivers in non-western and collectivistic societies, it involves having faith in God and their religion and relying on prayers (Gull et al., 2024). Cultural mindset and stigma can influence the way people interpret disability and that may in turn, prevent caregivers from seeking professional support. Although culture can sometimes contribute to unhelpful explanations about the causes of disability, it can also help families cope by providing them emotional and community-level support (Shahrier et al., 2016). Broadly, spiritual coping can serve as a crucial resource for caregivers, especially when they are combined with adaptive strategies such as support-seeking and engagement with services. Empirical research shows that some caregivers may attribute disability to God's will that may strengthen acceptance and increase motivation for caregiving, thus resulting in psychological stability through broader meaning making processes (Croot et al., 2012). Older caregivers have been found to use the strategy of engaging in religious activities and seeking consolation from God and religious leaders more often than younger caregivers (Cless et al., 2018; Nuralita, 2019).

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- **Self-Care and Adaptive Emotion-Focused Coping:** Emotion-focused coping strategies such as emotional control and self-care are identified as other significant ways of adapting to adverse circumstances. Maintaining an identity beyond the caregiving role, engaging in leisure activities, and seeking professional help when needed are found to be associated with greater quality of life among caregivers (Fairfax et al., 2019). While escape and avoidance are linked with poor quality of life, positive emotional coping strategies like reframing and self-control enhance caregivers' ability to bounce back and reduce burnout (Fairfax et al., 2019; Glidden & Natcher, 2009). According to Bawalsah (2016), parents use problem-focused coping strategies more than emotion-focused coping strategies. However, Ganjiwale et al. (2016) identified emotional expression as a dominant coping approach among caregivers that improves wellbeing especially when used with problem-focused coping strategies. Seeking support from others, positive reframing, cognitive avoidance, and emotional discharge were identified as the predominant coping strategies used by the mothers (Plaza et al., 2017).
- **Cognitive Reframing, Acceptance, and Meaning-Focused Coping:** Cognitive reframing has been found to be linked with higher levels of subjective well-being and lower emotional distress (Glidden & Natcher, 2009). Caregivers often cope with challenging situations by changing their priorities in life, focusing on their personal development, emphasizing more on their caregiving responsibilities, that help in better emotion regulation and continued caregiving efforts despite ongoing stress (Li-Tsang et al., 2001). Similarly, at the family level, parents reinterpret their experiences by focusing on their personal growth, and meaningfulness of shared caregiving role. Such experiences increase compassion, strengthens interpersonal relationships, and brings positive life changes (Rajan & Romate, 2022). While active reframing of the situation is linked with improved family functioning, passive or helpless attitude is associated with poorer family adjustment (Lustig, 2002), indicating that acceptance of the child's disability facilitates long-term adaptation.
- **Family-Level Adaptation and Role Reorganization:** Role reorganization, redistribution of caregiving and emotional responsibilities, and adjustments in daily family routines are certain processes that can help in coping and adaptation. Studies on well-adapted families indicate that caregivers reported greater family cohesion, greater flexibility in family roles and improved communication with family members, thus helping them to effectively manage caregiving demands (Li-Tsang et al., 2001). Family routines, collaborative problem solving, and shared caregiving responsibility can mitigate the adverse effects of long-term caregiving and are associated with family stability (Lustig, 2002). Hence, these factors are often considered important for successful coping (Matthews et al., 2021; Shahrier et al., 2016).

CONCLUSION

Caring for a child with a disability presents enduring psychological challenges that extend beyond individual stress and affect family and social functioning. While caregiving is often associated with heightened emotional burden, this review highlights the importance of recognizing caregivers' adaptive strategies that improve their well-being and help in building resilience. Caregivers employ diverse coping strategies that enable them to manage stress, find meaning in their roles, and sustain well-being over time. Recognizing and strengthening these strategies will help to develop targeted psychosocial interventions aimed at promoting long-term well-being among caregivers of children with disabilities.

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Limitations of the Study

While this review provides an overview of existing research, a few limitations must be addressed. Differences in caregiver populations and contexts may affect how broadly the findings can be applied. Variations in the study designs and assessment tools across the studies may have affected the comparability of the studies. Further, this article could not review narrative-based research articles for understanding unique caregiving experiences and coping practices by the caregivers of the Divyang children.

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Conflict of Interest

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